



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

*I hereby certify that this correspondence is being deposited with the U.S. Postal Service as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on October 6, 2003.*

Christine Sherwood  
Signature

Appl No. : 10/603,362  
Applicant : Robert A. Hawley, et al.  
Filed : June 25, 2003  
Title : VARIABLE RATE MODULATOR

Confirmation No. 2526

TC/A.U. : Not Yet Assigned  
Examiner : Not Yet Assigned

Docket No. : 50580/PAN/B600  
Customer No. : 23363

**PRELIMINARY AMENDMENT**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Post Office Box 7068  
Pasadena, CA 91109-7068  
October 6, 2003

Commissioner:

Prior to examination on the merits please amend the above-identified application as follows:

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks/Arguments** begin on page 7 of this paper.

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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE  
AMENDMENT TRANSMITTAL LETTER

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*Christine Sherwood*

Christine Sherwood

Applicant : Robert A. Howley, et al.  
Application No. : 10/603,362  
Filed : June 25, 2003  
Title : VARIABLE RATE MODULATOR

Grp./Div. : To be Assigned  
Examiner : To be Assigned

Docket No. : 50580/PAN/B600

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

PostOffice Box 7068  
Pasadena, CA 91109-7068  
October 6, 2003

Commissioner:

Enclosed is an amendment to the above-identified application.

CLAIMS AS AMENDED						
	Claims Remaining After Amendment	Highest Number Paid For	Number Extra Claims	Small Entity Rate	Large Entity Rate	FEE
Total Claims Fee	16	*20	0	x \$9.00	x \$18.00	0
Independent Claims	4	** 3	1	x \$43.00	1 x \$86.00	\$86.00
Multiple Dependent Claims ***				\$145.00	\$290.00	
TOTAL FILING FEE						\$86.00
NO ADDITIONAL FEE REQUIRED ****	IF NO FEE REQUIRED, INSERT "0"					\$86.00
LIST INDEPENDENT CLAIMS: 1, 5, 9 and 16						
* IF HIGHEST NUMBER PREVIOUSLY PAID FOR IS 20 OR LESS, WRITE "20" IN COLUMN 3 ** IF HIGHEST NUMBER PREVIOUSLY PAID FOR IS 3 OR LESS, WRITE "3" IN COLUMN 3 *** PAY THIS FEE ONLY WHEN MULTIPLE DEPENDENT CLAIMS ARE ADDED FOR THE FIRST TIME **** IF NO FEE REQUIRED, ADDRESS ENVELOPE TO "BOX NON-FEE AMENDMENTS"						


X \_\_\_\_\_ Attached is our check for \$86.00 to pay the fees calculated above.  
\_\_\_\_\_ A Petition for Extension of Time and the required fee are enclosed.  
\_\_\_\_\_ Other enclosures:

**Amendment Transmittal Letter**  
**Application No. 10/603,362**

The Commissioner is hereby authorized to charge any fees under 37 CFR 1.16 and 1.17 which may be required by or to give effect to this paper to Deposit Account No. 03-1728. Please show our docket number with any charge or credit to our Deposit Account. **A copy of this letter is enclosed.**

Respectfully submitted,

CHRISTIE, PARKER & HALE, LLP

By   
Peter A. Nichols  
Reg. No. 47,822  
626/795-9900

PAN/cks

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